State of Michigan
Department of Consumer & Industry Services
Bureau of Family Services
P.O. Box 30650
Lansing, Michigan 48909
www.michigan.gov

## REQUEST FOR MODIFICATION OF THE TERMS OF THE LICENSE/REGISTRATION

Facility/Licensee Name	Street Address			License Number
City	State	Zip Code	County	Telephone Number
Gity	State	Zip Code	County	тејернопе мишреј
Specific Modification Request				
☐ Change of Capacity Explain:				
, ,				
☐ Change of Use Space Explain:				
☐ Change of Age Ranges Explain:				
☐ Program Components Explain:				
Explain Components Explain.				
Other Explain:				
Additional Comments				
Licensee Signature				
Liverious digitature				Date

## PLEASE RETURN TO YOUR LICENSING CONSULTANT AT YOUR LOCAL LICENSING OFFICE